

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BM	1073	107-24-01
O.I.P.E. CLASSIFIER			8130101
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Date
1	11/16/01
2	> 06/07/02
3	> 02/25/03
4	> 09/3/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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